C

	SUPPLEMENT ATTACHED			
	ARIZ		OARD OF HEALTI	H State File No. 547
	1. PLACE OF BIRTH STANDARD CERTI			Registered No. 69
			^	
	County / / M a		State // Y/ZODC	7
	District or Township		or Village	
	City_AJO	No. 77. C.	C. Co Hosp	/ / a/8t, Ward
		(If birth occu	$\sim$ 1 .	give its NAME instead of street and number)  [ If child is not yet named, make
	2. Full name of child & dulatd	nythur	Seeds	supplemental report, as directed.
	10 be answered ones	Twin, triplet or other	6. Legitimate?	7. Date A 12 1025
	m event of plural births.	No., in order of birth	ues	of birth //// Day Year
	8. FATHER		14.	MOTHER
			Full malden name	7 1 12
-	Full name James Delbe	' <i>Y.F.</i>		uby Brown
	9. Residence (Usus) place of abode)  [ J J O		15 Residence (Usual place of abode)	AJO
rth stated.	If non-resident, give place and state. H7/70/17 a		1	lace and state. Ay12011 G
-   st	10. Color or race		16 Color or race	
blrt		iday 26 (Years)	11.1.1.	19
두   -		iday(Years)	White	17. Age at last birthday(Years)
order o	12. Birthplace (city or place) Red Fork		18. Birthplace (city or place) Curry UI/le	
ธ∥	(State or country) OKlahoma		(State or country) TEXUS	
-   -			19. Occupation	
	13. Occupation  Nature of industry		Nature of industry	0
		$Q_{O}$	Hous	semite
	20. Number of children of this mother	·	2 1	21. Were precautions taken against oph-
	Welcon as of time of birth of child berein	(b) Born alive by	ut now dead	thalmia neonatorum?
	certified and including this child.)	(c) Stillborn		<u>Jes</u>
	I hereby certify that I attended the birth of this child, who was 13071 1100 at 0 m. on the date above stated			
	12) 10)			
	When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Signature / Y	3/XIVW DO VC	
	child is one that neither breathes nor shows other evidence of life after birth.	************************	************************	(Dharida as alluif)
	Given name added from		Ain Ariz	(Physician or midwife).
	a supplemental report Month, day, year	Áddress	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	Maria de la companya	Filed Sc	pt 2 1928 Sp	Hus & Wood
	Rogistrar	المعجود ا		Registrar
	- 922-812-905	,		
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